

Department of Community and Recreation Services

12011 Government Center Parkway, Tenth Floor Fairfax, VA 22035-1115 Phone: 703-324-5532, TTY 703-222-9693



College/Adult Volunteer Application

Personal Information						
Last Name	First Name	Middle Initial	Today's Date			
Current Street Address			Date of Birth			
City	State	Zip Code	Last 4 Digits Social Security #			
E-Mail Address:		Do you check your e-mail daily? Yes No				
Day Phone:	The best	time to contact you: Days or Evening	gs Male / Female			
Evening Phone:						
How did you hear about our volu	inteer program? Walk-in	Media Friend School Web Page (Please Circle one)	Other:			
Work Experience (if Applicable)						
Current Job Title			Dates of Employment			
Employer's Name		Address				
City/State/Zip Code			Phone			
Previous Job Title			Dates of Employment			
Employer's Name		Address				
City/State/Zip Code			Phone			
Education						
ollege/University City/State						
Is this for an internship? Yes		Circle Grades Completed 9	10 11 12			
List any hobbies, groups or activities in which you participate:						

College/Adult Volunteer Application (2 of 2)

Volunteer Experience						
List previous Volunteer Exper	iences:					
Briefly state why you would li	ke to volunteer:					
Areas of volunteer interest:	Therapeutic Recreation	Teens Seniors	Computers	Other:		
		Special Skills				
List any special skill you possess or language in which you are fluent that would be an asset to the volunteer program:						
Availability						
Weekend: Saturday	Sunday					
Weekdays: Monday	Tuesday Wednesday	Thursday Frida	у			
When are you available to start as a volunteer:						
College Student Volunteer Applicant Statement						
If I am accepted into the Department of Community and Recreation Services volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of the program, and commit to volunteer regularly for the specified duration of the selected program in which I participate to receive credit for my volunteer contribution.						
Signature:				Date:		
Contract Information						
Parent or Guardian Name:		Relationship:		Phone:		
In case of emergency, contact:	Ą	Relationship:				
Day Phone:	Evening Phone:					
Tee Shirt Size						
Small	Medium	Larg	ge	Extra Large		
(Please Circle)						

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Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For information, call Mary Wolf, 703-324-5539, TTY 703-222-9693.